

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 6/1/01 |
| FORMALITY REVIEW | IL | 1181 | 11/16/01 |
| RESPONSE FORMALITY REVIEW | MTB | 954 | 1/10/02 |
| | | | |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|--------|
| Final | |
| Original | |
| 1 | 2/1/01 |
| 2 | 2/2/01 |
| 3 | 2/2/01 |
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| Claim | Date |
|----------|--------|
| Final | |
| Original | |
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| 52 | 2/2/01 |
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| Claim | Date |
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H. S.
7-6-01If more than 150 claims or 10 actions
staple additional sheet here

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